

Form **990-PF****Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**2019**

Open to Public Inspection

For calendar year 2019 or tax year beginning

, 2019, and ending

, 20

Name of foundation

**Envision Healthcare Charitable Fund**

Number and street (or P O box number if mail is not delivered to street address)

Room/suite

**1A Burton Hills Boulevard**

City or town, state or province, country, and ZIP or foreign postal code

**Nashville, TN 37215**

**G** Check all that apply: ☐ Initial return ☐ Initial return of a former public charity  
☐ Final return ☐ Amended return  
☐ Address change ☐ Name change

**H** Check type of organization ☒ Section 501(c)(3) exempt private foundation **04**  
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ **501,782** **J** Accounting method. ☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_ (Part I, column (d), must be on cash basis)

**A** Employer identification number**82-4054697****B** Telephone number (see instructions)**C** If exemption application is pending, check here ☐ **6****D 1** Foreign organizations, check here ☐**2.** Foreign organizations meeting the 85% test, check here and attach computation ☐**E** If private foundation status was terminated under section 507(b)(1)(A), check here ☐**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐**Part I****Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, etc., received (attach schedule)	\$3,064,165			
	<b>2</b>	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b>	Interest on savings and temporary cash investments				
	<b>4</b>	Dividends and interest from securities				
	<b>5a</b>	Gross rents				
	<b>b</b>	Net rental income or (loss)				
	<b>6a</b>	Net gain or (loss) from sale of assets not on line 10				
	<b>b</b>	Gross sales price for all assets on line 6a				
	<b>7</b>	Capital gain net income (from Part IV, line 2)				
	<b>8</b>	Net short-term capital gain				
	<b>9</b>	Income modifications				
	<b>10a</b>	Gross sales less returns and allowances				
<b>Operating and Administrative Expenses</b>	<b>b</b>	Less Cost of goods sold				
	<b>c</b>	Gross profit or (loss) (attach schedule)				
	<b>11</b>	Other income (attach schedule)				
	<b>12</b>	<b>Total.</b> Add lines 1 through 11	\$3,064,165	\$0	\$0	
	<b>13</b>	Compensation of officers, directors, trustees, etc.				
	<b>14</b>	Other employee salaries and wages				
	<b>15</b>	Pension plans, employee benefits				
	<b>16a</b>	Legal fees (attach schedule)				
	<b>b</b>	Accounting fees (attach schedule)				
	<b>c</b>	Other professional fees (attach schedule)				
	<b>17</b>	Interest				
	<b>18</b>	Taxes (attach schedule) (see instructions)				
	<b>19</b>	Depreciation (attach schedule) and depletion				
	<b>20</b>	Occupancy				
	<b>21</b>	Travel, conferences, and meetings				
	<b>22</b>	Printing and publications				
	<b>23</b>	Other expenses (attach schedule)	\$484			\$484
	<b>24</b>	<b>Total operating and administrative expenses.</b> Add lines 13 through 23	\$484	\$0	\$0	\$484
	<b>25</b>	Contributions, gifts, grants paid	\$2,570,024			\$2,570,024
	<b>26</b>	<b>Total expenses and disbursements.</b> Add lines 24 and 25	\$2,570,508	\$0	\$0	\$2,570,508
	<b>27</b>	Subtract line 26 from line 12:				
	<b>a</b>	Excess of revenue over expenses and disbursements	\$493,657			
	<b>b</b>	<b>Net investment income</b> (if negative, enter -0-)		\$0		
	<b>c</b>	<b>Adjusted net income</b> (if negative, enter -0-)			\$0	

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF** (2019)

619

03  
04

SCANNED APR 22 2021

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	\$8,125	\$501,782	\$501,782
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ . . . . .			
	Less: allowance for doubtful accounts ▶ . . . . .			
	<b>4</b> Pledges receivable ▶ . . . . .			
	Less: allowance for doubtful accounts ▶ . . . . .			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ . . . . .			
	Less: allowance for doubtful accounts ▶ . . . . .			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule) . . . . .			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ . . . . .			
	Less: accumulated depreciation (attach schedule) ▶ . . . . .			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ . . . . .			
	Less: accumulated depreciation (attach schedule) ▶ . . . . .			
	<b>15</b> Other assets (describe ▶ . . . . .)			
	<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item i) . . . . .	\$8,125	\$501,782	\$501,782
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons . . . . .			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ . . . . .)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	\$0	\$0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/></b> <b>and complete lines 24, 25, 29, and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .	\$8,125	\$501,782	
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/></b> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds . . . . .			
	<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	\$8,125	\$501,782	
	<b>30 Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	\$8,125	\$501,782	

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	\$8,125
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	\$493,657
<b>3</b> Other increases not included in line 2 (itemize) ▶ . . . . .	<b>3</b>	\$0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	\$501,782
<b>5</b> Decreases not included in line 2 (itemize) ▶ . . . . .	<b>5</b>	\$0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 . . . . .	<b>6</b>	\$501,782

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b> Capital gain net income or (net capital loss)	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">{</div> <div>           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div> </div>		<b>2</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8			<b>3</b>	\$0

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2018			
2017			
2016			
2015			
2014			
<b>2</b> Total of line 1, column (d)			<b>2</b>
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b>
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			<b>4</b>
<b>5</b> Multiply line 4 by line 3			<b>5</b>
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b>
<b>7</b> Add lines 5 and 6			<b>7</b>
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b>

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>2</b>	\$0
<b>3</b>	Add lines 1 and 2	<b>3</b>	
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>4</b>	\$0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	
<b>6</b>	<b>Credits/Payments</b>		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d	<b>7</b>	
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	\$0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	\$0
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2020 estimated tax</b> <b>Refunded</b>	<b>11</b>	\$0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		✓
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		✓
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		✓
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		✓
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		✓
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i>		✓
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	✓	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	✓	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions ▶ Tennessee		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	✓	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		✓
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		✓

**Part VII-A Statements Regarding Activities (continued)**

	Yes	No
<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		✓
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		✓
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	✓	
<b>14</b> The books are in care of ▶ Board of Directors Telephone no. ▶ Located at ▶ 1A Burton Hills Boulevard Nashville, TN ZIP+4 ▶ 37215		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here ▶ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		
<b>16</b> At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		✓

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here ▶ <input type="checkbox"/>		✓
<b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?		✓
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5): <b>a</b> At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20 , 20 , 20 , 20 <b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement — see instructions.) <b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20 , 20 , 20		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>b</b> If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)		
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?		✓

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>6b</b>	<input checked="" type="checkbox"/>
If "Yes" to 6b, file Form 8870		
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	<b>7b</b>	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Attachment				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				

Total number of other employees paid over \$50,000

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)***3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions	
<b>3</b>	

**Total.** Add lines 1 through 3

\$0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	\$193,845
c	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	\$193,845
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	\$193,845
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	\$2,953
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	\$193,892
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	\$9,695

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	\$9,695
2a	Tax on investment income for 2019 from Part VI, line 5	2a	
b	Income tax for 2019 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	\$9,695
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	\$9,695
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	\$9,695

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	\$2,570,508
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	\$2,570,508
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	\$2,570,508

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				\$9,695
<b>2</b> Undistributed income, if any, as of the end of 2019				
<b>a</b> Enter amount for 2018 only			\$0	
<b>b</b> Total for prior years. 20____, 20____, 20____		\$0		
<b>3</b> Excess distributions carryover, if any, to 2019				
<b>a</b> From 2014				
<b>b</b> From 2015				
<b>c</b> From 2016				
<b>d</b> From 2017				
<b>e</b> From 2018	\$19,476			
<b>f</b> Total of lines 3a through e	\$0			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$2,570,508				
<b>a</b> Applied to 2018, but not more than line 2a			\$0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions)		\$0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions)	\$0			
<b>d</b> Applied to 2019 distributable amount				\$9,695
<b>e</b> Remaining amount distributed out of corpus	\$2,560,813			
<b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	\$0			\$0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	\$2,560,813			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		\$0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		\$0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions		\$0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			\$0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				\$0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)	\$0			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	\$0			
<b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	\$2,560,813			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2015				
<b>b</b> Excess from 2016				
<b>c</b> Excess from 2017				
<b>d</b> Excess from 2018				
<b>e</b> Excess from 2019				



### 3 Grants and Contributions Paid During the Year or Approved for Future Payment

Form **990-PF** (2019)

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	Program service revenue					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate:					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a _____					
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal. Add columns (b), (d), and (e)		\$0		\$0	\$0
13	Total. Add line 12, columns (b), (d), and (e)				13	\$0

(See worksheet in line 13 instructions to verify calculations.)

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

**Part XVII** Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations


		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	✓
	(2) Other assets	1a(2)	✓
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	✓
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	✓
	(3) Rental of facilities, equipment, or other assets	1b(3)	✓
	(4) Reimbursement arrangements	1b(4)	✓
	(5) Loans or loan guarantees	1b(5)	✓
	(6) Performance of services or membership or fundraising solicitations	1b(6)	✓
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	✓
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]


**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	 CHRO	6/15/2020	<b>Director</b>
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below? See Instructions ☒ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Keith Kehrner</b>	Preparer's signature 	Date <b>6-16-2020</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01466412</b>
	Firm's name ▶ <b>Bryan Cave Leighton Paisner</b>			Firm's EIN ▶ <b>43-0602162</b>	
	Firm's address ▶ <b>211 N Broadway Suite 3600 St. Louis MO 63102</b>			Phone no. <b>314-259-2063</b>	

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Name of the organization

Envision Healthcare Charitable Fund

Employer identification number

82-4054697

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>Envision Healthcare Charitable Fund</b>	Employer identification number <b>82-4054697</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Envision Healthcare  1A Burton Hills Boulevard  Nashville, TN 37215	\$ 3,064,165	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**Attachment to Form 990-PF**

**Envision Healthcare Charitable Fund**  
**1A Burton Hills Boulevard**  
**Nashville, TN 37215**

**EIN # 82-4054697**

**Part I. Line 1. Contributions**

\$3,064,165

**Part VIII. Line 1. Directors**

President – David Esler  
 Secretary – Craig Wilson  
 Treasurer – Kenneth Zongor

Directors and officers of the foundation serve without compensation.

**Part XV. Line 3. Grants and Contributions**

<u>Name</u>	<u>Relationship</u>	<u>Charity Status</u>	<u>Purpose</u>	<u>Amount</u>
(INA)HSBS SACRED HEART	None	PC	General	4,700
ADVENTHEALTH FOUNDATION	None	PC	General	2,500
ADVENTHEALTH SEBRING FOUNDATION	None	PC	General	42,000
ADVOCATE CHARITABLE FOUNDATION	None	PC	General	2,500
AID FOR AIDS OF NEVADA INC	None	PC	General	5,000
ALEXIAN BROTHERS FOUNDATION	None	PC	General	2,500
ALLEGAN GENERAL HOSPITAL	None	PC	General	5,000
AMERICAN CANCER SOCIETY INC	None	PC	General	2,000
AMERICAN DIABETES ASSN	None	PC	General	5,000
AMERICAN HEART ASSOCIATION	None	PC	General	3,000
ANESTHESIA PATIENT SAFETY FND	None	PC	General	8,300
AUBELIA OSBORN FOX MEMORIAL HOSPITAL FND	None	PC	General	4,500
BANNER HEALTH FOUNDATION	None	PC	General	3,500
BAPTIST HEALTH SOUTH FLORIDA FND	None	PC	General	4,000
BAYSHORE COMMUNITY HOSPITAL FND	None	PC	General	25,000
BEAVER DAM COMMUNITY HOSPITAL FND	None	PC	General	1,000
BELMONT UNIVERSITY	None	PC	General	7,500
BETH C TORTOLANI FOUNDATION	None	PC	General	1,200
BOCA RATON REGIONAL HOSPITAL FND	None	PC	General	750
BOLD JUSTICE	None	PC	General	1,000
BOULDER CITY HOSPITAL FOUNDATION	None	PC	General	600
BRANCH COUNTY COALITION AGAINST DOMESTIC VIOLENCE	None	PC	General	6,000
CAPE REGIONAL MEDICAL CTR I	None	PC	General	8,000
CAPITAL HEALTH SYSTEM FOUNDATION	None	PC	General	2,850
CAPITAL MEDICAL SOCIETY	None	PC	General	2,500
CENTRASTATE HEALTHCARE	None	PC	General	3,500
CHILTON MEDICAL CENTER	None	PC	General	1,000
CHIPPEWA VALLEY FREE CLINIC	None	PC	General	2,000



CLARA MAASS FOUNDATION	None	PC	General	32,500
COGDELL MEMORIAL HOSPITAL FND	None	PC	General	2,500
COMMUNITY HOSPITAL FOUNDATION	None	PC	General	2,000
COMMUNITY MEDICAL CENTER FND	None	PC	General	5,000
DEBBIES DREAM FOUNDATION	None	PC	General	1,500
EL CAMINO HOSPITAL FOUNDATION	None	PC	General	500
ELLENVILLE REGIONAL HOSPITAL FND	None	PC	General	20,000
FEEDING CHILDREN EVERYWHERE INC	None	PC	General	500
FLAGLER HEALTH CARE FOUNDATION	None	PC	General	2,500
FLORIDA HOSPITAL HEARTLAND FND	None	PC	General	3,000
FOUNDATION HUDSON VALLEY HOSPITAL CTR	None	PC	General	2,550
FROEDTERT SOUTH INC	None	PC	General	13,000
GLENS FALLS HOSPITAL FOUNDATION	None	PC	General	4,700
GOLD CROSS AMBULANCE SERVICE INC	None	PC	General	2,500
GREENE COUNTY MEMORIAL HOSP FND	None	PC	General	42,000
GWINNETT MEDICAL CENTER FOUNDATION	None	PC	General	2,500
HACKENSACK UNIVERSITY MEDIC	None	PC	General	5,000
HACKENSACK UNIVERSITY MEDICAL CENTER	None	PC	General	2,500
HACKETTSTOWN REGIONAL MEDICAL CTR FND	None	PC	General	5,000
HARRISON COUNTY HOSPITAL FOUNDATION	None	PC	General	2,000
HEALTH ALLIANCE FOUNDATION	None	PC	General	5,000
HENRY FORD HEALTH SYSTEM	None	PC	General	3,000
HONOR HEALTH	None	PC	General	8,300
HOSPITAL SISTERS MISSION OUTREACH CO	None	PC	General	4,500
INSPIRA HEALTH NETWORK FND	None	PC	General	3,500
JUVENILE DIABETES RESEARCH FND	None	PC	General	4,000
JERSEY CITY MEDICAL CENTER FOUNDATION	None	PC	General	25,000
JERSEY SHORE UNIVERSITY MEDICAL CTR FDTN	None	PC	General	1,000
JOE DIMAGGIO CHILDRENS HOSPITAL FND	None	PC	General	7,500
JOHN MUIR HEALTH	None	PC	General	1,200
JUPITER MEDICAL CENTER	None	PC	General	750
KANKAKEE CTY COALITION AGAINST DOM VIO	None	PC	General	1,000
KINGS DAUGHTERS HOSPITAL FOUNDATION	None	PC	General	600
KULA FOR KARMA	None	PC	General	6,000
LEUKEMIA & LYMPHOMA SOCIETY	None	PC	General	8,000
LONG ISLAND COMMUNITY HOSPITAL FD	None	PC	General	2,850
LUPUS FOUNDATION OF AMERICA	None	PC	General	2,500
MCLEOD MEDICAL CENTER FOUNDATION	None	PC	General	3,500
MEMORIAL FOUNDATION	None	PC	General	1,000
METHODIST RICHARDSON MEDICAL CTR FND	None	PC	General	2,000
MIAMI UNIVERSITY OF	None	PC	General	32,500
MIDWIVES FOR HAITI INC	None	PC	General	2,500
MONMOUTH BEACH FIRST AID SQUAD INC	None	PC	General	2,000
MONMOUTH MEDICAL CENTER FOUNDATION	None	PC	General	5,000
MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS FOUNDATION	None	PC	General	1,500
MONTEFIORE NYACK HOSPITAL	None	PC	General	500
MORTON PLANT MEASE FOUNDATION	None	PC	General	20,000
MUNSON HEALTHCARE CADILLAC HOSPITAL FND	None	PC	General	500
MUNSON HEALTHCARE GRAYLING HOSPITAL	None	PC	General	2,500
NEWBORN HOPE	None	PC	General	3,000
NEWTON MEDICAL CENTER FOUNDATION	None	PC	General	2,550

NORTHSIDE HOSPITAL FOUNDATION INC	None	PC	General	13,000
OCEAN MEDICAL CENTER FOUNDATION	None	PC	General	4,700
ONE WORLD SURGERY	None	PC	General	2,500
OSF HEALTHCARE FOUNDATION	None	PC	General	42,000
OUR LADY OF LOURDES HEALTH FDTN	None	PC	General	2,500
OUTSHINE FILM FESTIVAL	None	PC	General	5,000
PENOBSCOT VALLEY HOSPITAL	None	PC	General	2,500
PROMEDICA COLDWATER REGIONAL HOSPITAL	None	PC	General	5,000
QUEENS HATZOLO AID INC	None	PC	General	2,000
RARITAN BAY MEDICAL CENTER FOUNDATION	None	PC	General	5,000
RESEARCH FOUNDATION	None	PC	General	3,000
RICHMOND MEDICAL CENTER FOUNDATION	None	PC	General	8,300
RIVERSIDE HEALTHCARE FOUNDATION	None	PC	General	4,500
ROBERT WOOD JOHNSON UNIV HOSP RAHWAY	None	PC	General	3,500
RONALD MCDONALD HOUSE TALLAHASSEE INC	None	PC	General	4,000
RWJ UNIVERSITY HOSP AT HAMILTON FNDTN	None	PC	General	25,000
SAN GORGONIO MEMORIAL HOSPITAL FDTN	None	PC	General	1,000
SAN RAMON ROTARY FNDTN	None	PC	General	7,500
SENTARA NORTHERN VIRGINIA MEDICAL CNTR	None	PC	General	1,200
SOMERSET HEALTH CARE FOUNDATION	None	PC	General	750
SOUTHERN OCEAN MEDICAL CENTER FND	None	PC	General	1,000
SOUTHWEST HEALTHCARE SYS AUXILLIARY	None	PC	General	600
ST ANTHONYS HOSPITAL (FL)	None	PC	General	6,000
ST JOSEPH MERCY HEALTH SYS	None	PC	General	8,000
ST JOSEPHS COMMUNITY FOUNDATION INC	None	PC	General	2,850
ST JOSEPHS FOUNDATION	None	PC	General	2,500
ST LUKES CORNWALL HEALTH SYS FDTN INC	None	PC	General	3,500
ST PETERS FOUNDATION	None	PC	General	1,000
ST PETERS HOSPITAL FOUNDATION	None	PC	General	2,000
ST PETERS UNIV HOSPITAL STAFF PHYSICIANS & DENTISTS ASSOC	None	PC	General	32,500
ST JOSEPH MERCY CHELSEA	None	PC	General	2,500
ST. MARY MERCY HOSPITAL	None	PC	General	2,000
UNIVERSITY OF ILLINOIS FOUNDATION	None	PC	General	5,000
STURGIS HOSPITAL	None	PC	General	1,500
SUNGATE KIDS	None	PC	General	500
SWEDISHAMERICAN FOUNDATION	None	PC	General	20,000
T LEROY JEFFERSON MED SOCIETY	None	PC	General	500
TALLAHASSEE MEMORIAL HEALTHCARE FDTN	None	PC	General	2,500
THRIVEWELL CANCER FOUNDATION	None	PC	General	3,000
TITUSVILLE AREA HOSPITAL	None	PC	General	2,550
TMC FOUNDATION	None	PC	General	13,000
TRANSPLANTS FOR CHILDREN	None	PC	General	4,700
TRI COUNTY EMERGENCY MED CONTR ATHY	None	PC	General	2,500
UNITED WAY OF THE BIG BEND	None	PC	General	42,000
UNIVERSITY OF CENTRAL FLORIDA FOUNDATION	None	PC	General	2,500
VALLEY PRESBYTERIAN HOSPITAL FOUNDATION	None	PC	General	5,000
VALLEYCARE CHARITABLE	None	PC	General	2,500
WESTCHESTER MEDICAL CENTER FOUNDATION	None	PC	General	5,000
WINTHROP UNIVERSITY HOSPITAL	None	PC	General	2,000